UNITED STATES DISTRICT COURT

for the

| Eastern Dist | rict of New York |
|---|---|
| United States of America v. FRANK JAMES Defendant |) Case No. 22-MJ-429)) |
| | WARRANT |
| To: Any authorized law enforcement officer YOU ARE COMMANDED to arrest and bring beform (name of person to be arrested) FRANK JAMES who is accused of an offense or violation based on the follows: | ore a United States magistrate judge without unnecessary delay ing document filed with the court: |
| ☐ Indictment ☐ Superseding Indictment ☐ Info ☐ Probation Violation Petition ☐ Supervised Release V This offense is briefly described as follows: Terrorist attacks and other violence against a mass transpo Section 1992(a)(7) and (b)(1). | |
| Date:04/13/2022 | /s/ Roanne L. Mann Issuing officer's signature |
| City and state: Brooklyn, New York | Hon. Roanne L. Mann, U.S. Magistrate Judge Printed name and title |
| R | Return |
| This warrant was received on (date) at (city and state) Date: | , and the person was arrested on (date) Arresting officer's signature |
| | Printed name and title |

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This second page contains personal identifiers provided for law-enforcement use only and therefore should not be filed in court with the executed warrant unless under seal.

(Not for Public Disclosure)

| Name of defendant/offender: | | |
|---|---------|--|
| Known aliases: | | |
| Last known residence: | a | |
| Prior addresses to which defendant/offender may still have ties: | | |
| | | |
| Last known employment: | | |
| Last known telephone numbers: | | |
| Place of birth: | | |
| Date of birth: | | |
| Social Security number: | | |
| Height: | Weight: | |
| Sex: | Race: | |
| Hair: | Eyes: | |
| Scars, tattoos, other distinguishing marks: | • | |
| | | |
| | | |
| History of violence, weapons, drug use: | | |
| | | |
| Known family, friends, and other associates (name, relation, address, phone number): | | |
| | | |
| FBI number: | | |
| Complete description of auto: | | |
| | | |
| Investigative agency and address: | | |
| | | |
| Name and telephone numbers (office and cell) of pretrial services or probation officer (if applicable): | | |
| | | |
| | | |
| Date of last contact with pretrial services or probation officer (if applicable): | | |
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| | | |

Reset